

Building Community Ownership for Maternal, Newborn and Child Health Care in Rural India

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THE PROBLEM

In India, and many other developing countries, women and children die from preventable deaths due to gaps in accessing life-saving technologies and services. The main barriers to accessing care are:

- poor quality and inconsistent delivery of health services at the village level
- lack of care-seeking by the local population.

HealthBridge is working with its local partner EFICOR* to reduce these barriers through community engagement for maternal, newborn and child health.

PROJECT OBJECTIVES & STRATEGY

The Pakur Mother and Child Survival project is being implemented from 2012 to 2015 in Pakur district of Jharkhand state India.

Overall Objective: increase utilization of essential health interventions along the continuum of care from pregnancy to early child health.

Specific Objectives:

1. Strengthen the quality and availability of existing health services at the village level.
2. Promote care-seeking behaviours.
3. Reduce gender barriers in accessing health interventions.

Key Strategy: Engaging communities in planning, delivering and monitoring of health services, and in designing and implementing Behaviour Change Communication Activities.

To access health care and practice healthy behaviours, mothers require support from their families and communities.

HOW WE ARE PROMOTING COMMUNITY OWNERSHIP OF MATERNAL, NEWBORN AND CHILD HEALTH



Capacity Building of Village Health Sanitation and Nutrition Committees (VHSNCs) - local supervisory bodies responsible for monitoring health services in their village and mobilizing their community to seek health care.



Training of Community Health Workers and Traditional Birth Attendants



Community Education through Street Theatre (Kalajatha)

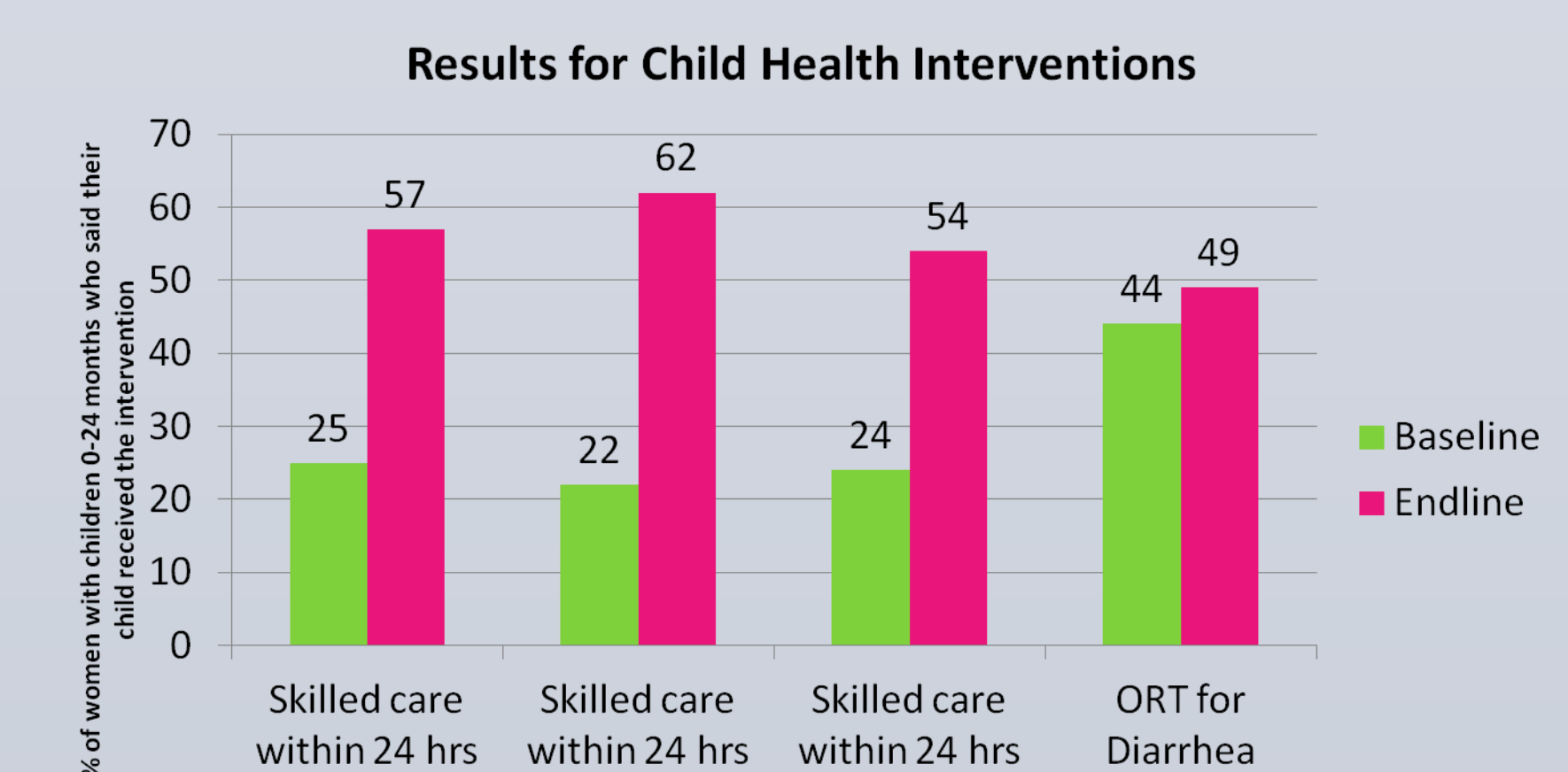
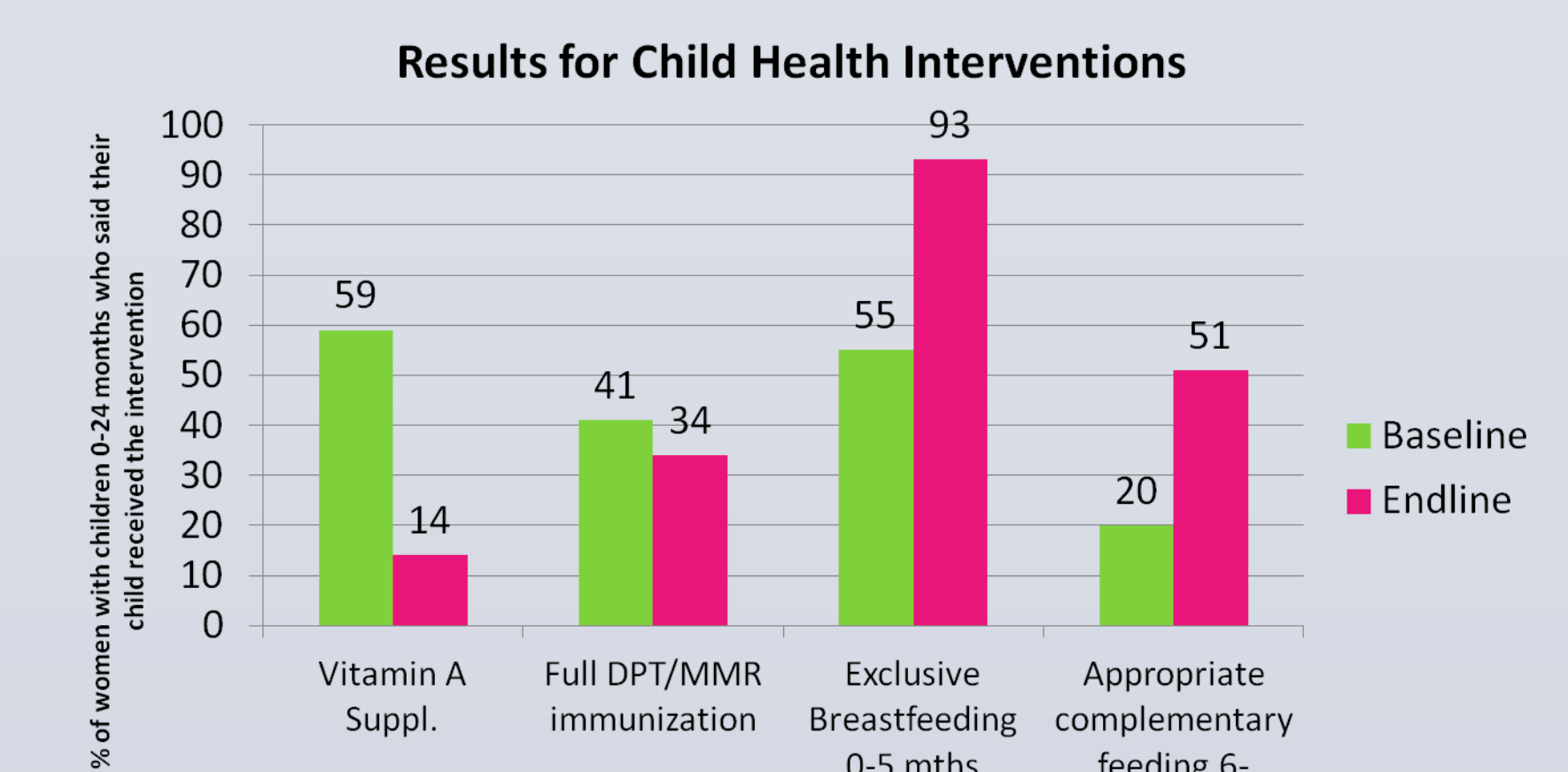
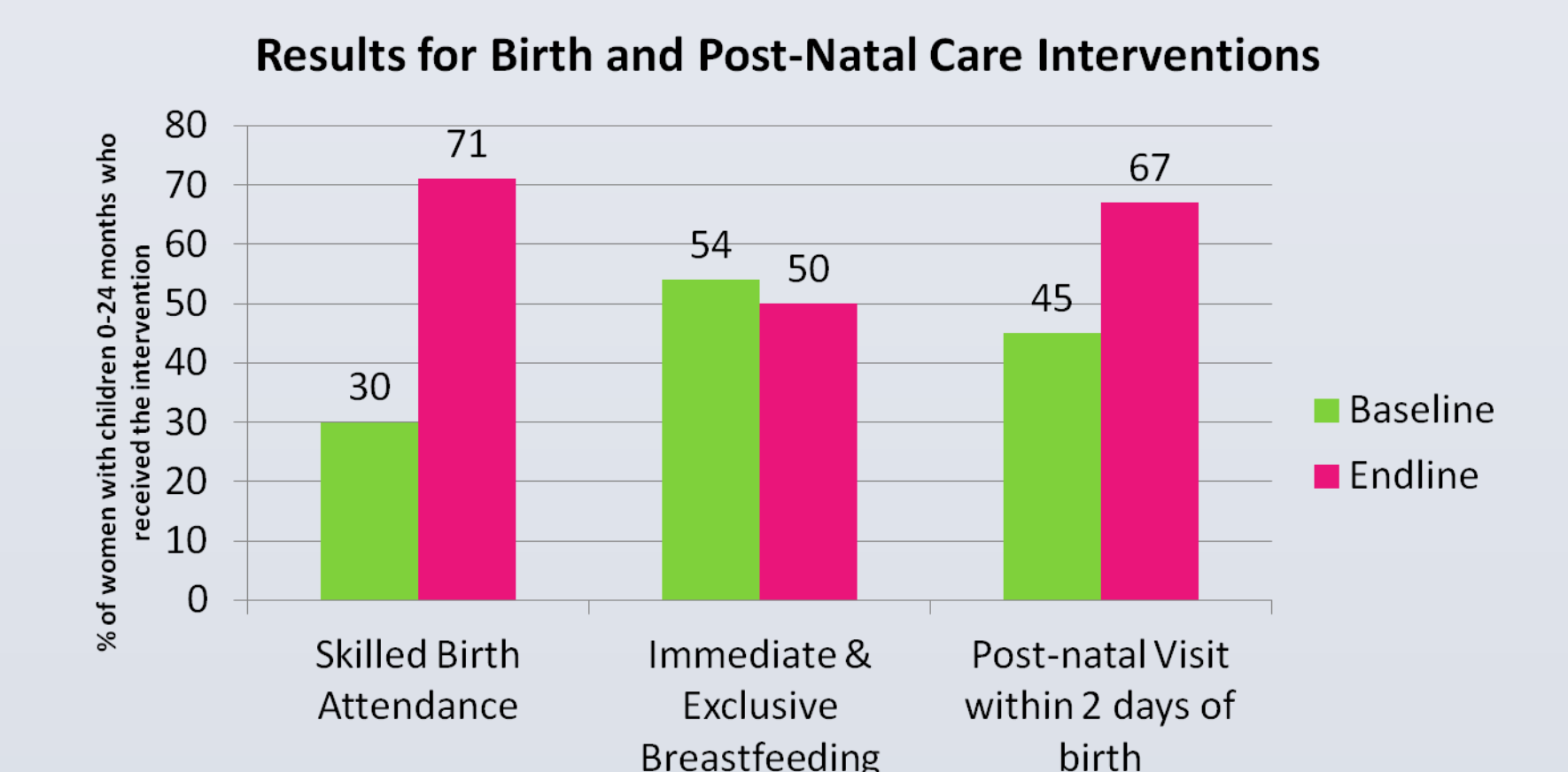
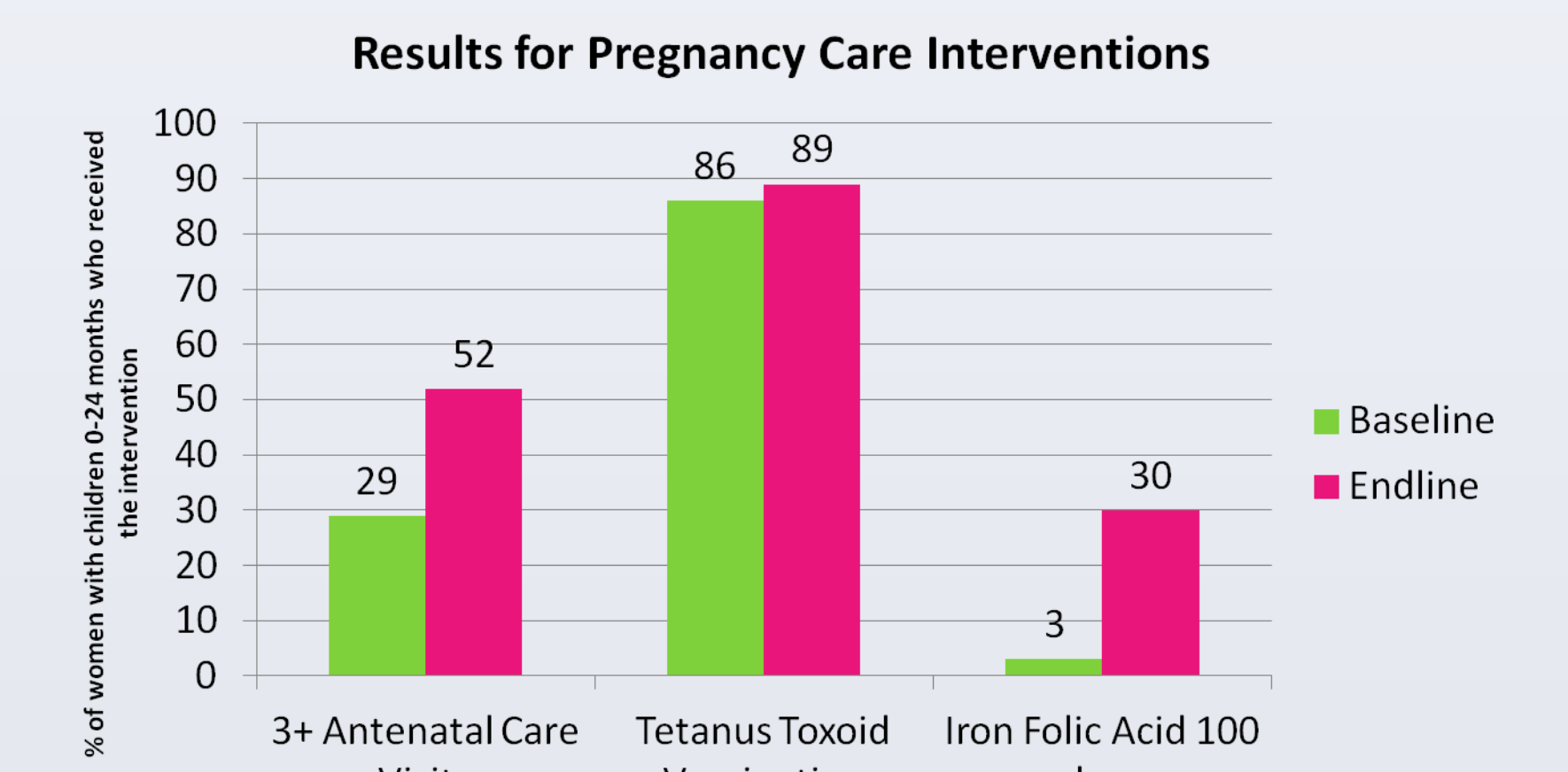


Saas- Bahu Pati Sammelan - Common Platform for learning and discussion about maternal, newborn and child health for husbands, mothers in-law and pregnant/lactating mothers.



PROJECT RESULTS

Baseline (March 2012) and endline (June 2014) results are shown below for the utilization of essential health interventions in the district.

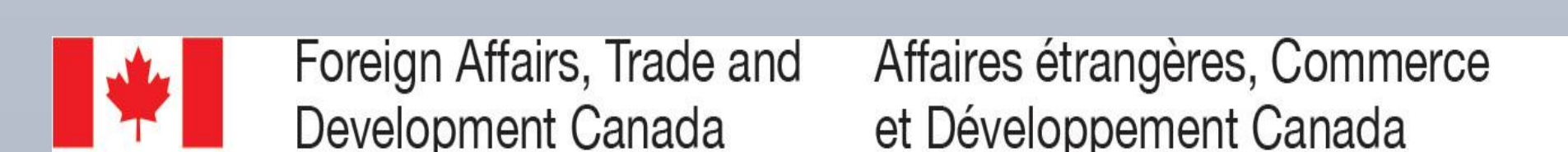


CONCLUSIONS

The improvements in utilization of health care services were a result of both (1) improved accessibility of health care services and (2) increased care-seeking by the local people.

Community engagement contributed to raising maternal and child health from the status of a “family issue” to the status of a “community issue”, enhancing sustainability of the results.

ACKNOWLEDGEMENTS



* EFICOR: Evangelical Fellowship of India Commission on Relief